PARKING SERVICES OFFICE ACH or Credit Card Authorization



Personal Info: Last Name: First Name: Home Address: City, State, Zip: Day Phone: Recurring Payments: ACH Credit Card I authorize the City of Lansing to charge my credit card or debit my bank account listed below for my monthly cost for parking. I understand that I control my payments, and if at any time I decide to withdraw from this payment service, I will notify the Parking Services Office. Signature: Credit Card Authorization: Credit Card Type: Visa MasterCard American Express Discover Card Number: Expiration Date: Automatic Bank Withdrawal Authorization (ACH): Bank: Routing No.: Checking Account: or Savings Account:
First Name: Home Address: City, State, Zip: Day Phone: Recurring Payments: ACH Credit Card I authorize the City of Lansing to charge my credit card or debit my bank account listed below for my monthly cost for parking. I understand that I control my payments, and if at any time I decide to withdraw from this payment service, I will notify the Parking Services Office. Signature: Credit Card Authorization: Credit Card Authorization: Credit Card Type: Nisa MasterCard American Express Discover Card Number: Expiration Date: Automatic Bank Withdrawal Authorization (ACH): Bank: Routing No.: Checking Account: Credit Card Account: Credit C
Home Address: City, State, Zip: Day Phone: Recurring Payments:
City, State, Zip: Day Phone: Recurring Payments:
Day Phone: Recurring Payments:
Recurring Payments:
I authorize the City of Lansing to charge my credit card or debit my bank account listed below for my monthly cost for parking. I understand that I control my payments, and if at any time I decide to withdraw from this payment service, I will notify the Parking Services Office. Signature: Credit Card Authorization: Credit Card Type: Visa MasterCard American Express Discover Card Number: Discover Card Number: Automatic Bank Withdrawal Authorization (ACH): Bank: Bank: Checking Account: Check
monthly cost for parking. I understand that I control my payments, and if at any time I decide to withdraw from this payment service, I will notify the Parking Services Office. Signature: Credit Card Authorization: Credit Card Type:
Credit Card Authorization: Credit Card Type: Visa MasterCard American Express Discover Card Number: Expiration Date: Automatic Bank Withdrawal Authorization (ACH): Bank: Routing No.: Checking Account: Check
Credit Card Type:
Bank: Routing No.: Checking Account: or
Office Use: RP#: Permit: Amount: \$ Starting Date: Updating Customer information